U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use. Only	F
JAL 620/6	ntrutton or
1. File Number U- 29	42

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

		All the second s	
3. Name and address of person filing.	4. Name	e, file number, and a	address of labor organization.
Name Mark E Leonard	Name	Painters Di	strict Council # 30
	Labor	Organization File N	lumber 022-615
P.O. Box, Bldg., Room No., if any	P.O. I	Box, Building and R	oom Number, if any
Street 404 S. Bloomington	Street	3813 Illino	is Ave.
City Streator	City	St. Charles	
State Illinois ZIP Code + 4 61364	State	Illinois	ZIP Code + 4 60174
5. Position in labor organization. Business Representive			•
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the e			
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	, or derived in zation repre	ncome or other ec sents or is active	onomic benefit of ly seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nat	ure of Interest, Tran	saction, or Income.
Name	None		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Am	ount.	
Street	and a plant		
City			\$0
State ZIP Code + 4			
Track Harry Harry:	Signature		
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp undersigned's knowledge and belief, true, correct, and complete. (See the	panying docum	nents), has been exa	amined by the signatory and is, to the best of the
Signed Mark & Larnard		5/22/200E	
Signed //ach & Hernard	On	6/23/2005	815-431-9538

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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Fo	Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 24/2	O Fished Very Council France
. File Number U - Office	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	Name, file number, and address of labor organization.
Name Mark E Leonard	Name Painters District Council # 30
	Labor Organization File Number 022-615
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 404 S. Bloomington	Street 3813 Illinois Ave.
City Streator	City St. Charles
State Illinois ZIP Code + 4 61364	State Illinois ZIP Code + 4 60174
Position in labor organization. Business Representive	

(except as specified in the exclusions set forth in the instructions):

come.	-
\$0	
	\$0

Signature

Signature and verification. The undersigned declares, under pena	ilty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any according	npanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See t	he section on penalties in the instructions.)

PRINT.	20.00	
	an	nnec

Mark & Lanard

On 6/23/2005

815-431-9538

Date

Telephone Number

Name of Person Filing Mark Leonard	File Number U- 24/2
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	None
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11 h. Annuarimento dell'accumina afrarab dentina
City	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received.
State ZIP Code + 4	None
	12.b. Amount. \$0
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	None
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$0